SENDED: COMPLETE I SIS SECTION cument	COMPLETE THIS SECTION ON DELIVERY Page 1 o
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature ☐ Agent ☐ Addressee
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MAURICE JOUETT	-
03582-061	į,
PETERS BURG FCI	3. Service Type
P.O. BOX 90043	⊠ Certified Mail
PETERS BURG, VA 23804	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7002 (Transfer from service label)	0450 0000 1409 0760
PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-02-M-0835